

Request for Temporary Grant or Time-Limited Position Action Instructions

This form is to provide the Office of State Budget (OSB) and the Office of Human Resources (OHR) more detailed information about Temporary Grant or Time-Limited Positions.

You may find the form on OSB's website at <http://www.budget.sc.gov/OSB-grant-services.phtm>.
Additional information is at <http://www.ohr.sc.gov/OHR/employer/OHR-tempgrant.phtm>.

1. Agency Information Agency budget code number and name.
2. Type of Position Check appropriate box.

Temporary Grant Non-FTE positions that perform work only for period of project. Once grant or project period ends position(s) no longer exists.

Time-Limited Non-FTE positions that perform work directly associated with time-limited project. Projects are specific work products or services provided by one State agency to another State agency, local government, or other public or private entity over specified time period as contractual arrangement.
3. Title Brief title and/or appropriate description of grant or project.
4. Funding Period Beginning and ending dates of funding cycle for grant or project.
5. Type of Action Temporary Grant and Time-limited positions are not to exceed duration of grant or project. Attach copy of approved GS-5, GCR-6, FPR or copy of revenue statement. Check appropriate box.

Addition Additional position to established grant or project.

Extension Continuation of position for additional funding or budget period. Attach copy of FPR form.

Delete Deletion of position(s) to established grant or project.

Revision Modification which may result in time period change. Indicate if increase or decrease in funding time period.
6. Funding Source Percentage of funding from each funding source. State funds only used as match to Federal grant. Use of any

State matching funds should be reflected on request form.

Federal

Percentage of funding from Federal sources.

Other

Percentage of funding from any other source. Identify source.

7. Identification Number

GS-5 letter indicates control number for Other funded projects; FPR indicates control number for Federal projects; GCR-6 indicates control number for research and student aid grants.

Control number

Control number for project. If control number has changed because of extension or revision to grant or project, provide previous number.

FPR Number

Enter assigned four digit Statewide Accounting and Reporting System (STARS) project number, if Federal project. If no number has been assigned, Federal Grant Maintenance (D38) form must be submitted to OSB.

Other

Use if none of above is applicable and identify. If project is Research or Student Aid, submit copy of GCR-6 and award letter as supporting documentation.

8. Position Descriptions

Use separate line for each class code. Attach additional sheets, if necessary.

No. of Positions

Number of positions.

Class Code

Classified or unclassified State title code. Check SC State Class Manual for correct codes.

Supervisor Class/Slot

Slot number and class code. If not E-Leave agency, enter N/A.

FLSA

Fair Labor Standard Act. "E" (exempt) "NE" (non-exempt).

HR/WK

Number of hours per week position will work.

County Code

Two digit code of county where position is located.

Central Office

Will the position work in the agency's central office? Enter "Y" (Yes) or "N" (No).

9. Signature

Authorized representative sign and date. Provide telephone number of person who can provide further information.